



*"People
helping people
help
themselves"*

Mitchell E. Daniels, Jr., Governor
State of Indiana

DIVISION OF DISABILITY & REHABILITATIVE SERVICES
402 W. Washington Street, P.O. Box 7083
Indianapolis, IN 46207-7083
1-800-545-7763

To: Consumers, Providers of Medicaid Waiver Services, and Stakeholders who Support Individuals with Disabilities

From: Peter A. Bisbecos, DDRS Director

Re: **DDRS 4th Quarter 2008 Bulletin**

Date: January 15, 2009

This document is the Quarterly Policy Bulletin for the Division of Disability and Rehabilitative Services (DDRS) for the final (4th) Quarter of 2008.

If you experience any problems with receiving or opening this message and its attachment, please contact the BDDS Help Line at BDDSHelp@fssa.in.gov.

You are encouraged to share this bulletin with anyone you feel may have an interest in the policy changes described herein. Thank you.

- I. **BQIS Comprehensive Survey Tool (CST) Survey Process
(Page 1)**
- II. **Conversion of Customers on Stateline Item Community Supports Budgets to the Support Service Waiver
(Page 8)**
- III. **2009 Graduates and Students Leaving School May be Eligible for Priority Support Service Waiver
(Page 10)**
- IV. **Electronic Signatures
(Page 11)**

Reference #: DDRS Quarterly Bulletin (4Q2008)



I. BQIS Comprehensive Survey Tool (CST) Survey Process

The Division of Disability & Rehabilitative Services' (DDRS) Bureau of Quality Improvement Services (BQIS) is pleased to announce the development of a new Comprehensive Survey Tool (CST). Through the use of the CST, BQIS will have the ability to measure several key factors to better monitor quality and outcomes of the services provided to individuals with disabilities.

The tool will measure consumer satisfaction, person-centered service planning and delivery, and provider compliance. The CST assists in providing assurance to the Centers for Medicare and Medicaid Services (CMS) as to the performance and quality of waiver service providers as well as measures how well providers are adhering to the statutes of Title 460 of the Indiana Administrative Code (460 IAC).

CST – Consumer Satisfaction

The CST review process begins with a conversation with the consumer to determine the person's satisfaction with their supports and services. For consumers who may be unable to communicate independently, surveyors will schedule the interview around when the person(s) who supports the individual who needs to communicate with us (guardians, family members, staff) are present. The content of this component is furnished by The Council on Quality and Leadership (CQL) in the form of their Personal Outcome Measures[®]. The information from this conversation provides a foundational source of information about the person that "focuses on the choices people have in their lives."¹

The satisfaction information in the beginning of the survey helps to determine what has been learned from consumers about their needed and desired supports. Next, a conversation with provider staff helps to determine what supports are in place to address those desires and needs

CST – Provider Compliance

The CST is structured to reflect the Home and Community Based Services (HCBS) waiver Quality Framework as outlined by CMS. Each indicator is structured to describe expectations and to reflect this Quality Framework. The indicators are supported by appropriate regulations of 460 IAC 6 (relating to supported living services and supports for individuals with a developmental disability.)

¹ Taken from The Council on Quality and Leadership, Quality Measures 2005; a publication from The Council on Quality and Leadership.

In addition to meeting the standards set by the State of Indiana, the tool's indicators are designed based on the Council on Quality and Leadership's (CQL[®]) Basic Assurances indicators. CQL reinforces the importance of values and promotes quality of life and quality of services for all people by looking at the effectiveness of services, supports and safeguards from the consumer's perspective. Structuring the CST around the CMS Quality Framework and CQL standards helps to measure, monitor, and as required, provide statistical information about the quality of supports and services provided to consumers in Indiana.

CST - Person-Centered Service Planning

Specific indicators in the CST have been identified that reflect the Quality Framework related to the desired outcomes of the Individual Support Plan (ISP) and are supported by the appropriate regulations of 460 IAC 7 (which establishes standards and requirements for individualized support plans for eligible individuals with a developmental disability). These indicators measure if the consumer's team members have taken into account personal preferences and goals, needs and abilities, and health status when developing the ISP; if choices have been offered; and if service delivery is consistent, coordinated, and continuously assessed; and modified as changes occurred.

CST ON-SITE SURVEY PROCESS

Individual Selection

The survey process is meant to be "Person-Centered" and focused on the individual. For that reason, the consumer rather than the provider is selected. To ensure the results of the survey are statistically significant, the number of consumers chosen to be respondents and the frequency of the surveys are chosen by random selection from each of the DDRS waivers: Developmental Disabilities (DD), Support Services (SS) and Autism.

Pre-Survey Activities

First, the surveyor will gather all applicable information from Indiana's INsite and DART systems. This information includes the consumer's ISP, Cost Comparison Budget (CCB), any incident reports, and other available documentation. BQIS has also worked with IPMG to obtain selected individuals' Person Centered Plans (PCP). Next, the surveyor will contact the case manager and service providers, as identified on the current Notice of Action (NOA), to set up a survey date, and time. The surveyor will suggest times for the provider's representative to be available for a conversation. At minimum, the appointment will be scheduled three weeks out so that the provider and surveyor are able to prepare and plan for the entire survey day.

ON-SITE ACTIVITIES

Introduction Meeting

Upon arrival at a consumer's home, the surveyor will explain the purpose for the visit. The surveyor will also meet with the provider to request any information that may be needed prior to the end of the day and set a time to meet for the final on-site survey activity "closing" session.

Satisfaction Interview and Conversation with the Consumer

Following the introduction meeting, the surveyor will complete the satisfaction component of the CST. The surveyor will spend time with the individual to discuss and learn about the person's preferences about services and supports. The surveyor may also talk with the individual's guardian or family members as appropriate.

CST Information Gathering

Through the entire survey process, the surveyor's goal is to spend as much time with the consumer as possible; including accompanying an individual to areas they routinely go throughout the day. This may also include observing the individual as medication is given. Additionally, the surveyor will have conversations with people who provide supports and services for the individual. Finally, the surveyor will review any documents that relate to the individual's specific needs and/or challenges as identified through the survey process.

Visit Providers as Needed

In an effort to observe all areas where the individual typically spends their time, the surveyor will attempt to visit areas in the consumer's place of residence as well as places of employment or day and therapy programs. The surveyor may also choose to visit areas in the community where the individual routinely goes.

Conciliation

Toward the end of the survey day, prior to the closing of the meeting, the surveyor will review all notes collected; any documentation that was reviewed; and any conversations that provided information. The surveyor will likely make preliminary decisions about issues that focus on indicators of the CST that may be out of compliance. Those issues will serve as the talking points for the closing meeting.

Closing Meeting

The final activity of the survey will be the closing meeting. The consumer and all providers and individuals who provide support and services are invited.

During the closing meeting, the surveyor will present any issues found during the on-site visit. General examples rather than specific indicators will be presented. Provider representatives will have the opportunity to ask questions about the findings and issues presented. In closing, the surveyor will inform the providers about the requirement for a Corrective Action Plan (CAP) for each issue.

Written Report

Following the collection of information during the on-site survey, the surveyor completes a written report that is organized according to the CST indicators. When the information obtained is related to a specific Indicator (which is supported by 460 IAC 6 and 7), and the information shows clear evidence of non-compliance, the Indicator is cited in the written report for being out of compliance.

The written report is reviewed by the surveyor's supervisor. Next, it is sent to the case manager, all providers, and the BDDS service coordinator within seven (7) business days of the closing meeting. When a CAP is needed, it will be requested at the time the written report is sent.

Comprehensive Corrective Action Plan

The findings report will indicate which indicators providers are required to develop CAPs to address. The case manager coordinates developing one, comprehensive, inter-disciplinary CAP with all of the appropriate providers by calling the team together to address the issues and coordinating the appropriate provider responses. The CAP is to be submitted by the case manager and providers no later than thirteen (13) business days after the date the report was sent. The BDDS service coordinator will also receive a copy of the comprehensive CAP.

Review of Corrective Action Plan

Once the CAP is received it is reviewed by BQIS. When the CAP is accepted, the case manager and providers are notified within five (5) business days of receipt of the CAP. A return visit to the consumer's home will be set-up with the appropriate parties based on the nature of the CAP. This review will focus specifically on validating that the CAPs adequately address identified problems and are being implemented as indicated. While surveyors will not conduct a new review when validating CAPs, if while in the home or day program setting they witness an issue that places any individuals' health and safety at risk, the validation review will be expanded to address that issue.

If the CAP is not accepted, the surveyor will notify the case manager, providers, and BDDS service coordinators within five (5) business days of receipt of the CAP. The response will

include an explanation of why the CAP was declined. Providers will need to submit a revised CAP to the surveyor within five (5) business days of this notification. Providers that are unresponsive or uncooperative with the survey process will be forwarded to the BQIS Director for possible referral to the Sanctions Committee.

DDRS/BQIS hopes this detailed outline will prepare consumers, caregivers, and providers for the survey and help you to better understand the purpose and goal of this comprehensive review process. To further demonstrate the CST process, see the attached PDF file entitled *“Bureau of Quality Improvement Services: Comprehensive Survey Tool Process.”*

If you have questions or require further information relating to the CST process or any BQIS initiative, you may contact us through the following resources:

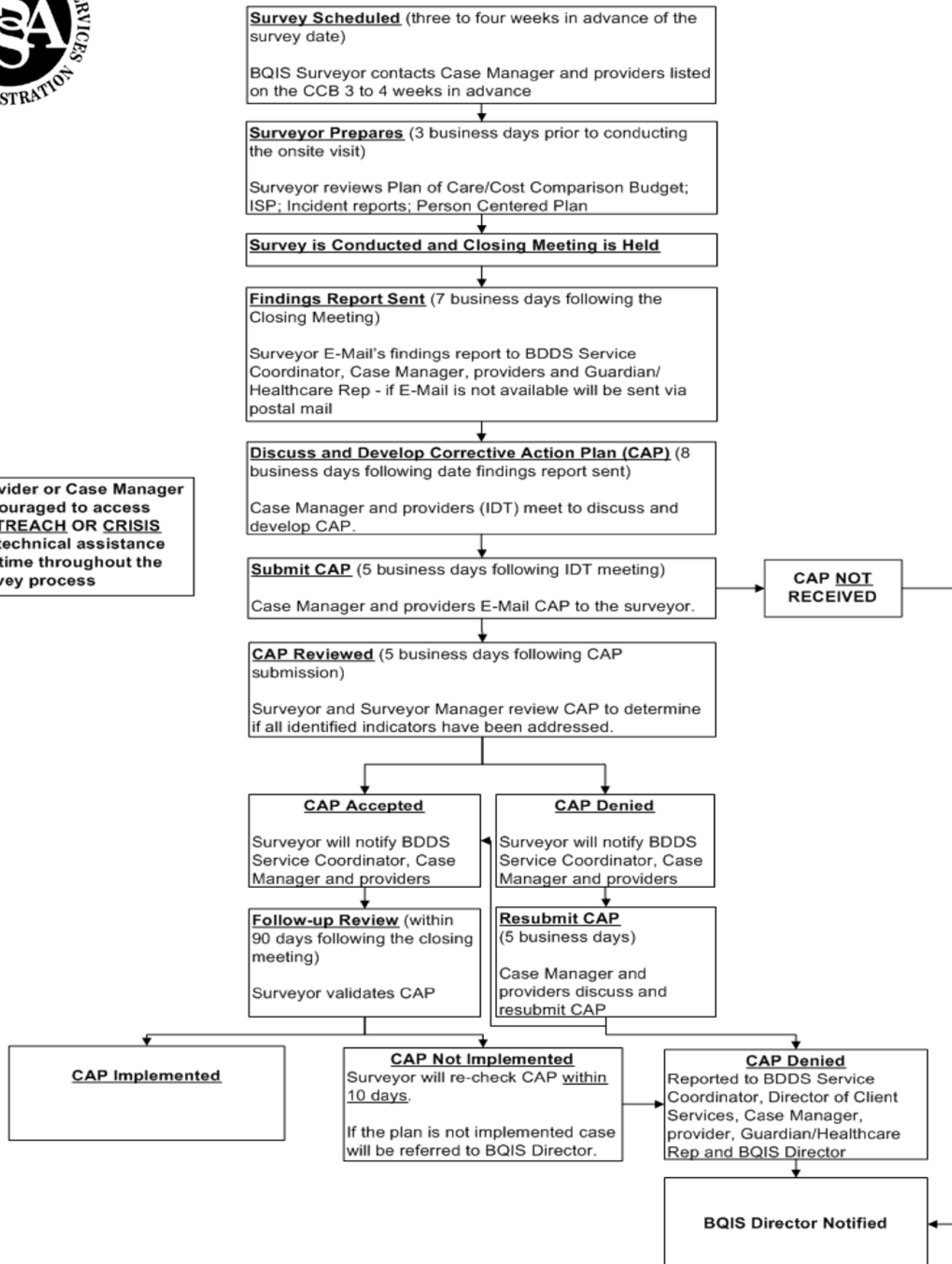
- Phone: 260-423-2571 (Fort Wayne) or 1-800-545-7763 (Toll free Indiana)
- E-Mail: Valerie.Caldwell@fssa.in.gov
- Website: www.ddrs.IN.gov

Thank you.



Bureau of Quality Improvement Services COMPREHENSIVE SURVEY TOOL PROCESS

Provider or Case Manager
encouraged to access
OUTREACH OR CRISIS
for technical assistance
anytime throughout the
survey process



II. Conversion of Customers on Stateline Item Community Supports Budgets to the Support Service Waiver

The mission of the Division of Disability and Rehabilitative Services (DDRS) is to facilitate effective partnerships which enhance the quality of life for the people we serve in the community and pursuits of their choice. With strong leadership, we remain focused on supporting those we serve and committed to effective, efficient and successful stewardship of the state's financial resources.

During these tough economic times, we must maximize the potential of every dollar so that we may serve the maximum number of people. Many times, we are able to maximize state funds by matching them with federal funds. Therefore, we are reviewing the budgets of every individual with a 100% state-funded budget.

As of July 1, 2006, the federal Social Services Block Grant (Title XX) was no longer a source of funding for day services through the Bureau of Developmental Disabilities Services (BDDS). Since then, the state has funded 100% of the BDDS programs for more than 3,300 individuals living in the community on Community Living Budgets.

We have identified 540 individuals who use the State Line Item Community Support Budget program to pay for services. These individuals could be eligible for Home and Community Based Services (HCBS) Medicaid waiver services, which would qualify for Federal matching funds. As a result, efforts are being made to establish eligibility and move these individuals onto a Support Services waiver.

To convert State Line Item Community Supports Budgets to the Support Services waivers, BDDS District offices will be contacting individuals and providers to complete the eligibility determination process. As state and federal eligibility requirements are completed, BDDS will then refer the case to the contracting case management entity, Indiana Professional Management Group, Inc. (IPMG) to complete the Person Centered Planning and Support Plan development process.

Upon approval, individuals will enter services under the Objective Assessment System for Individual Supports (OASIS) model, with a dollar-for-dollar conversion. Because of the current \$13,500 annual limit on the Support Services waiver, some individuals may receive fewer services than they are currently receiving under State Line Item funding. In these situations, BDDS will work closely with the individuals and their service providers to review current services and determine needs.

It is our obligation as stewards of the state's resources to take this opportunity to maximize state dollars with a federal match and do so as quickly as possible. Therefore, we will manage the conversion as follows:

- The conversion is mandatory for any individual who meets the necessary state and federal eligibility requirements.
- Individuals who meet the eligibility requirements, but choose not to fully cooperate in the pursuit of the waiver (including obtaining Medicaid), are choosing to have their services terminated.
- Individuals who do not meet the necessary state and federal requirements may continue to be served under the Community Supports Budgets.
- Individuals cannot receive Community Support Budgets at the same time as waiver services. Therefore, Community Support Budgets must be canceled upon the start of waiver services.

The state's goal is to fully transition consumers to the waiver program no more than 60 days from the date that a slot is identified for them. We stress the importance of this conversion and we seek your support and assistance in moving consumers through this process in a timely manner.

If you have questions about this process, please contact us through the following resources:

- Phone: (317) 234-5222 or 1-888-527-0008
- Email: BDDSHelp@fssa.IN.gov
- Listing of BDDS offices:
http://www.in.gov/fssa/files/BDDS_District_Offices_20080929.pdf
- Website: www.ddrs.IN.gov

A little leveraging goes a long way. By matching state funds with existing federal funds, DDRS minimizes administrative costs, making more money available to strengthen our programs and increase our ability to serve more Hoosiers with disabilities.

Thank you.

III. 2009 Graduates and Students Leaving School May Be Eligible for Priority Support Services Waiver

The Division of Disability and Rehabilitative Services is excited to issue a public reminder of the continuation of the Priority Criteria allowing young adults with disabilities to bypass the waiting list and apply for an Indiana Home and Community-Based Medicaid Support Services waiver. Individuals between the ages of 18 and 24 who are graduating with the class of 2009 or have left special education programs with the classes of 2007 or 2008 should contact their local Bureau of Developmental Disabilities Services (BDDS) office as soon as possible to determine eligibility.

For eligible individuals, the 18-24 Priority Criteria is an important step to ensuring a smooth transition from school to adult life and potentially averting the need for more intensive services in the future. The Support Services waiver provides non-residential assistance such as employment follow-along, therapies, and family and respite support, with a cap of \$13,500 per year.

Teachers and administrators can assist families by alerting young adults with a developmental disability or a diagnosis of autism about the availability of the Support Services (SS) Waiver. BDDS will then work with individuals to determine state and federal eligibility for this Priority Criteria waiver and a slot on the comprehensive waiver waiting lists.

For additional information, contact your local BDDS office or the BDDS Helpline:

- BDDS office locations: http://www.in.gov/fssa/files/BDDS_District_Offices_20080929.pdf
- BDDS Help Line/Phone: (317) 234-5222 or 1-888-527-0008
- BDDS Help Line/E-Mail: BDDSHelp@fssa.IN.gov
- Website: www.ddrs.IN.gov

IV. Electronic Signatures

If your agency utilizes electronic signatures for the purpose of documentation, a specific policy must be in place on how electronic signatures are created, controlled and verified.

Please see the electronic Digital Signatures Act (IC 5-24) and the Uniform Electronic Transactions Act (IC 26-2-8) <http://www.in.gov/sboa/3232.htm>. Also, the State Board of Accountants has promulgated a rule at (20 IAC 3) with additional regulations. Your policies and procedures should also address and comply with these regulations.